

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

## *The Commonwealth of Massachusetts*

## *Executive Office of Health and Human Services*

## *Department of Public Health*

## *State Laboratory Institute*

**Boston Drug Laboratory**  
Tel (617) 983-6622  
Fax (617) 983-6625

**Amherst Drug Laboratory**  
Tel (413) 545-2601  
Fax (413) 545-2608

## Boston Hours

8:00 – 11:00  
2:00 – 4:00

Amherst Hours

8-00-12-00

9:00 - 12:00

## **DRUG RECEIPT**

City or Department: Methuen Police Reference No.:

Name and Rank of Submitting Officer: PTL JAUALLER

**Defendant(s) Name (last, first, initial):**

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To be completed by Submitter

### Description of Items Submitted

*To be completed by Lab Personnel*

### **Gross Weight**

### Lab Number

Received by:

Date:

8-6-10

No. [REDACTED]

Date Analyzed:

11/8/10

City: Methuen Police Dept.

Officer: P.O. Lavallee

Def: [REDACTED]

Amount:

Subst: VM

No. Cont: 1 Cont: pb

Date Rec'd: 08/06/2010

No. Analyzed:

Gross Wt.: 5.29 ✓

Net Weight:

1.51g

# Tests:

MACRO + MICRO + DUGT

3KAC

Prelim:

Findings:

Marijuana

No. [REDACTED]

Date Analyzed:

11/8/10

City: Methuen Police Dept.

Officer: P.O. Lavallee

Def: [REDACTED]

Amount:

Subst: VM

No. Cont: 1 Cont: pb

Date Rec'd: 08/06/2010

No. Analyzed:

Gross Wt.: 4.28 ✓

Net Weight:

0.57g

# Tests:

MACRO + MICRO + DUGT

3KAC

Prelim:

Findings:

Marijuana